

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/08044

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2		/		/			
3	2			/			
4	2			/			
5	1			/			
6	/			/			
7	(1)			/			
8	/		/				
9							
10	2			/			
11	2			/			
12	2			/			
13	(1)			/			
14	/						
15	/		/				
16	/			/			
17	2			/			
18	2			/			
19	2			/			
20	(1)			/			
21	(1)			/			
22	(1)			/			
23	(1)			/			
24	(1)			/			
25	(1)			/			
26	/		/				
27	/			/			
28	2			/			
29	(1)			/			
30	(1)			/			
31	(1)			/			
32	(1)			/			
33	(1)			/			
34	/		/				
35	/			/			
36	2			/			
37	2			/			
38	(1)			/			
39	(1)			/			
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49							
50							
TOTAL IND.			6				
TOTAL DEP.			34				
TOTAL CLAIMS			40				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							